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APPLICANTS

Hans Becker, Meiningen, GERMANY;

Mario Schiffler, Oepferhausen, GERMANY;

Frank Lenzen, Meiningen, GERMANY; Ute Buttgerit, Zella-Mehlis, GERMANY;

Gunter Hess, Meiningen, GERMANY;

Frank Sobel, Meiningen, GERMANY;

Lutz Aschke, Mainz, GERMANY;

Markus Renno, Meiningen, GERMANY;

Oliver Goetzenberger, Meiningen, GERMANY;

Frank Schmidt, Jena, GERMANY;

** CONTINUING DATA *****

This application is a CIP of 10/367,539 02/13/2003 *John*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/08/2004

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|--|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged <i>John</i> Examiner's Signature Initials | GERMANY | 14 | 43 | 5 |

ADDRESS

M. Robert Kestenbaum
 11011 Bermuda Dunes NE
 Albuquerque, NM
 87111

TITLE

Photo mask blank, photo mask, method and apparatus for manufacturing of a photo mask blank

☐ All Fees

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| <p>FILING FEE</p> <p>RECEIVED</p> <p>1486</p> | <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> | <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table> | <input type="checkbox"/> | 1.16 Fees (Filing) | <input type="checkbox"/> | 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> | 1.18 Fees (Issue) | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | Credit |
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